

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV 27 PM 3: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000051131**

1. Corporation Name

**KP MARKETING GROUP, INC.**

Principal Place of Business

5925 NW 96TH DR  
PARKLAND FL 33067

Mailing Address

5925 NW 96TH DR  
PARKLAND FL 33067

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

650935695

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PARDUE, KIRK R	5925 NW 96TH DR	PARKLAND FL 33067

200003491382-0  
-12/08/00--01022--025  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Kirk Pardue

Street Address (P.O. Box Number is Not Acceptable)

5925 NW 96th Drive

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33076

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10-29-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-00 954-415-4399

Date

Daytime Phone #

2012  
KP Marketing Group,  
Inc.

P99-51131

# Memo

**To:** [Click here and type name]

**From:** Department Of State

**Date:** 10/29/00

**Re:** Document number P99000051131 Reinstatement

To Whom It May Concern

On March 3, 2000 I paid Corporation Company \$190.00 to be my registered agent in the State of Florida which I thought was to pay for and complete my annual report to you. I did not receive any notice for the filing at my address. Please except my apologies for my misunderstanding on this manner. Can you please reinstate my corporation in the State of Florida?

Thanks,



Kirk PAardue